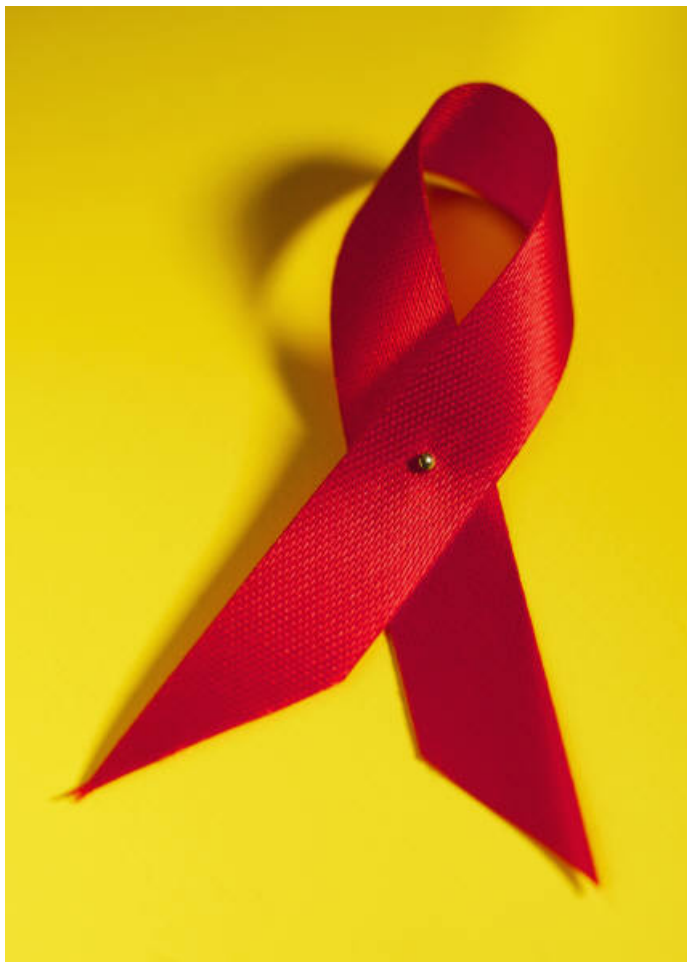
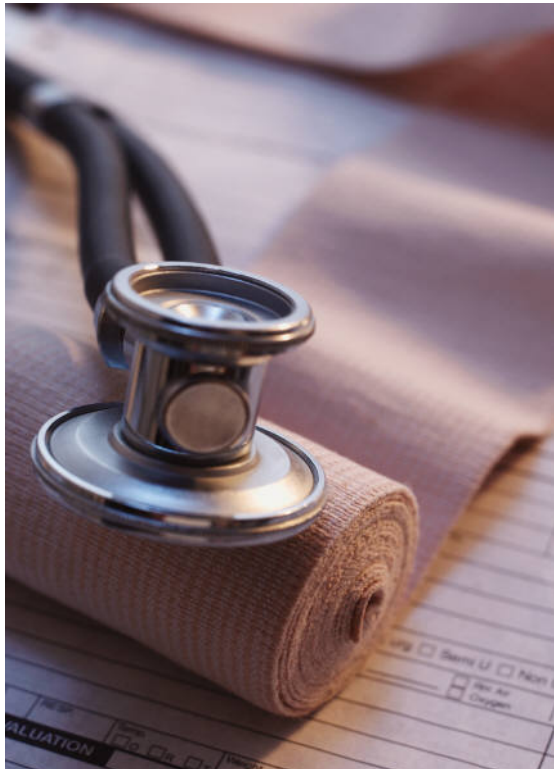


**Office of AIDS
Department of Health Services
State of California**



**Care Services Program
Application Guidelines for
Fiscal Year 2006-07**

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Introduction

The final year of this three-year contract begins April 1, 2006. The **Care Services Program (CSP) Application Guidelines for Fiscal Year 2006-07** describe the application documents and provide instructions for completing the application packet for entities contracting with the Office of AIDS (OA) for Ryan White CARE Act (Title II) funds. As soon as OA receives the State's allocation from the Health Resources and Services Administration (HRSA), fiscal agents will be notified of their individual allocations via a Management Memoranda (MM). The MM will also set the application submission deadline and provide submission instructions.

Application Documents

Instructions for completing each application document, as well as sample forms, are provided in this manual. All fiscal agents are required to submit the following documents:

- Document Checklist
- Intent to Provide HIV/AIDS Services
- Fiscal Agent Contacts
- Fiscal Agent Organizational Chart
- Five-line Item Budget
- Budget Overview
- Fiscal Agent Budget Summary
- Fiscal Agent Personnel Detail
- Needs Assessment Detail (if requesting funds for needs assessment)
- Subcontractor Budget Summary(s)
- Subcontractor Personnel Detail(s)

Those fiscal agents that are community-based organizations (CBOs) may be required to submit all or some following documents:

- Board of Directors List
- Authorization to Bind Corporation Letter
- Payee Data Record
- Request for Advance Payment Letter
- Bank Verification Letter
- Signature Cards

Those fiscal agents in Eligible Metropolitan Areas (EMAs) should also submit one copy of their Title I Application for Fiscal Year 2006-07 with their CSP applications.

Application Forms

The application forms discussed in this manual are available as a Microsoft Excel file. Fiscal agents must prepare their applications using this file. To obtain the file, go to www.dhs.ca.gov/aids/programs/care/careservices/cspapplication.htm.

Special Considerations

When developing their budgets for Fiscal Year 2006-07, fiscal agents should consider the following two circumstances:

Needs Assessments

Information gleaned from the needs assessment is critical for developing the Service Delivery Plan (SDP). SDPs for Fiscal Years 2007-10 will be due in December 2006. (Fiscal agents in EMAs will submit their Comprehensive Plans in lieu of SDPs.)

Fiscal agents are required to conduct a full needs assessment at least once every three years. Fiscal agents who have not conducted a needs assessment in the last two years must do so during 2006. Fiscal agents may commit up to five percent of their total allocation to the development, implementation, and evaluation of a needs assessment.

For more information about budgeting for needs assessments, please refer to “Other Costs” on *Definitions for Fiscal Agent Documents* (page 6), *Five-Line Item Budget* (page 19), *Budget Overview* (page 19), and *Needs Assessment Detail* (page 20).

AIDS Regional Information and Evaluation System (ARIES)

OA will begin deploying ARIES later this year. ARIES is a new web-based reporting system which allows service providers to: track client demographics, service data, and medical history; perform client needs assessments and develop care plans; make referrals to other agencies; and monitor client outcomes. Fiscal agents will also be able to use ARIES to conduct quality management activities and to generate their Financial Status Reports (FSR), Women, Infant, Children, and Youth (WICY) FSRs, and CARE Act Data Reports (CADR). ARIES can also be used by other HIV/AIDS care and treatment programs, such as the Case Management Program (CMP), the Early Intervention Program (EIP), Housing Opportunities for People with AIDS (HOPWA), and Ryan White CARE Act Title I or Title III programs.

To access ARIES, users will need computers with specific requirements and high-speed internet connections. While the CARE Act limits equipment purchases, high-speed internet connections may be covered by CARE Act funding. Those fiscal agents or

subcontractors who (1) plan to implement ARIES before April 1, 2007, and (2) require funding for high-speed internet access, may include the cost in their respective Budget Summaries. To learn which line item is appropriate to use, please refer to “Indirect Expenses” and “Operating Expenses” in the *Definitions for Fiscal Agent Documents* (page 5) or *Definitions for Subcontractor Documents* (page 7).

Technical Assistance

If fiscal agents have any questions about the application forms, program requirements, or budget process, they should contact their CSP Advisor. CSP Advisor contact information and assignments are provided on page 40.

Definitions for Fiscal Agent Documents

The following definitions must be adhered to when completing the:

- Five-Line Item Budget
- Budget Overview
- Fiscal Agent Budget Summary
- Fiscal Agent Personnel Detail
- Needs Assessment Detail

Term	Definition
Administrative Costs	The fiscal agent's Administrative Costs are the sum of Personnel, Operating, Capital, and Indirect Expenses. The fiscal agent's Administrative Cost cannot exceed ten percent of the total allocation.
Capital Expenses	Capital Expenses include equipment. However, the CARE Act limits equipment purchases. Fiscal agents should contact their CSP Advisor for information regarding specific equipment requests.
Indirect Expenses	<p>Indirect Expenses are typically those costs that cannot be assigned to one program. Often this category is used when a fiscal agent has multiple programs and divides the rent, utilities, janitorial services, payroll accounting, etc., either equally between programs or based on the percentage of time spent on a program.</p> <p>Those fiscal agents planning to implement ARIES prior to April 1, 2007, may also include the cost of high-speed internet connection as an Indirect Expense if the connection will also be used by other programs, such as CMP, EIP, HOPWA, or Title I or Title III programs.</p> <p>Indirect Expenses must be itemized on the Fiscal Agent Budget Summary. Indirect Expenses are limited to 15 percent of the fiscal agent's total Personnel Expenses.</p>
Operating Expenses	Operating Expenses are typically those costs that can be assigned to a specific program. This might include travel to required meetings, office supplies, postage, facilities, telephone, etc.

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Term	Definition
	<p>Those fiscal agents planning to implement ARIES prior to April 1, 2007, can also include the cost of high-speed internet connection as an Operating Expense if the connection will only be used by CSP.</p>
	<p>Operating Expenses must be itemized on the Fiscal Agent Budget Summary.</p>
Other Costs	<p>This line item consists of two components:</p> <ul style="list-style-type: none">• The total funding for all subcontractors providing direct client services. Any fiscal agent who also provides direct client services should include the cost of these services under Other Costs.• Any funding for conducting a needs assessment. Up to five percent of the total allocation can be used for the development, implementation, and evaluation of a needs assessment.
Personnel Expenses	<p>Personnel Expenses are the total salaries, wages, and benefits paid to the fiscal agent's staff for administrative functions.</p> <p>If the fiscal agent also provides direct client services, the Personnel Expenses associated with these services must be captured on a Subcontractor Budget Summary and Subcontractor Personnel Detail.</p>

Definitions for Subcontractor Documents

The following definitions must be adhered to when completing the:

- Subcontractor Budget Summary
- Subcontractor Personnel Detail

Term	Definition
Administrative Personnel	<p>Administrative Personnel is defined as subcontractor staff who do not provide the direct client services listed in the “Services” section of the Subcontractor Budget Detail. For example, Administrative Personnel would include an executive director, a clinic supervisor, an accountant, or a receptionist.</p> <p>If the subcontractor’s Administrative Personnel exceeds 25 percent of their total allocation, a written justification must be included with their Subcontractor Budget Summary.</p>
Capital Expenses	<p>Capital Expenses include equipment. However, the CARE Act limits equipment purchases. Subcontractors should contact their fiscal agents for information regarding specific equipment requests.</p>
Indirect Expenses	<p>Indirect Expenses are typically those costs that cannot be assigned to one program. Often this category is used when a subcontractor has multiple programs and divides the rent, utilities, janitorial services, payroll accounting, etc., either equally between programs or based on the percentage of time spent on a program.</p> <p>Those subcontractors planning to implement ARIES prior to April 1, 2007, may also include the cost of high-speed internet connection as an Indirect Expense if the connection will also be used by other programs, such as CMP, EIP, HOPWA, or Title I or Title III programs.</p> <p>Indirect Expenses must be itemized on the Subcontractor Budget Summary. Indirect Expenses are limited to 15 percent of the subcontractor’s total Personnel Expense.</p>
Operating Expenses	<p>Operating Expenses are typically those costs that can be assigned to a specific program but are not dedicated to providing direct client services. For example, the travel costs for a</p>

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Term	Definition
	<p>case manager to attend a state-sponsored conference would be budgeted under Operating Expenses. However, the travel costs for a case manager to make home visits would be budgeted under the appropriate Service Category. Other examples of Operating Expenses include office supplies, postage, and telephone.</p> <p>Those subcontractors planning to implement ARIES prior to April 1, 2007, can also include the cost of high-speed internet connection as an Operating Expense if the connection will only be used by CSP.</p> <p>Operating Expenses must be itemized on the Subcontractor Budget Summary. If the subcontractor's Operating Expenses exceed 25 percent of the total allocation, a written justification must be included with their Subcontractor Budget Summary.</p> <p>Per Diem Rates</p> <p>The per diem reimbursement rates are limited by the State's Department of Personnel Administration. These rates must be used when estimating and reimbursing staff travel expenses. The current rates are:</p> <p>Lodging (per night, plus tax)</p> <p>Alameda, San Francisco, San Mateo, and Santa Clara Counties\$140</p> <p>Los Angeles and San Diego Counties\$110</p> <p>All other counties\$84</p> <p>Meals</p> <p>Breakfast.....\$6</p> <p>Lunch\$10</p> <p>Dinner\$18</p> <p>Incidentals (for each 24 hour period)\$6</p> <p>Mileage\$0.34 per mile</p>
Personnel Expenses	<p>Personnel Expenses are the total salaries, wages, benefits, and travel paid to the subcontractor's staff providing either administrative support or direct client service. To determine the total, simply add the Total Personnel Expenses line on the bottom of all the subcontractor's Subcontractor Personnel Detail(s).</p>

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Term	Definition
Service Categories	<p>HRSA only funds specific Service Categories. Among the funded Service Categories, 14 are defined as health care services and 20 are defined as support services. While there are 34 allowable Services Categories, HRSA encourages subcontractors to focus their resources on the six core services:</p> <ul style="list-style-type: none">• Ambulatory/Outpatient Medical Care• Case Management Services• Drug Reimbursement Programs• Mental Health Services• Oral Health Care• Substance Abuse Services <p>Service Categories must be identified in the “Services” section of the Subcontractor Budget Summary. The exact names of the services must be used on the Subcontractor Budget Summary (e.g., do not use “Adoption Services,” but rather “Permanency Planning”). Using the appropriate names will facilitate the creation of the fiscal agent’s invoice details and the reporting of expenditures to HRSA. To review the names and definitions, see <i>Service Category Definitions</i> (pages 10-17).</p>

Service Category Definitions

The following list of HIV-related service categories is defined by the HRSA's HIV/AIDS Bureau (HAB). The six core services are denoted with an asterisk (*).

The exact names of the services must be used on the Subcontractor Budget Summary's "Services" section. These names are used for generating fiscal agent's invoice details, collecting data for the CADR, and compiling OA reports for HRSA.

Health Care Service Categories

Name	Definition
Ambulatory / Outpatient Medical Care *	<p>Ambulatory/Outpatient Medical Care is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. This includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties).</p> <p>Primary Medical Care for the Treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's (PHS) Treatment Guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.</p>
Drug Reimbursement Programs *	<p>Drug Reimbursement Programs are ongoing services or programs to pay for approved pharmaceuticals and/or medications for persons with no other payment source. Such programs include:</p> <ul style="list-style-type: none">• State-Administered AIDS Drug Assistance Program (ADAP), authorized under Title II of the CARE Act, provides Food and Drug Administration (FDA) approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medi-Cal (Medicaid).• Local/Consortium Drug Reimbursement Program are

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Name	Definition
	<p>established, operated, and funded locally by a Title I EMA or a consortium to expand the number of covered medications available to low-income patients and/or to broaden eligibility beyond that established by a state-operated Title II or other state-funded Drug Reimbursement Program.</p> <p>Medications include prescription drugs provided through ADAP to prolong life or prevent the deterioration of health. This definition does not include medications that are dispensed or administered during the course of a regular medical visit or that are considered part of the services provided during that visit. If medications are paid for and dispensed as part of an Emergency Financial Assistance Program, they should be reported as such. See <i>Emergency Financial Assistance (page 14)</i></p>
Health Insurance	<p>Health Insurance is a program of financial assistance for eligible individuals with HIV disease to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.</p>
Home Health Care	<p>Home Health Care is the provision of services by a homemaker, home health aide, personal caretaker, or attendant caretaker. This definition also includes non-medical, non-nursing assistance with cooking and cleaning activities to help disabled clients remain in their homes.</p>
Home Health Professional Care	<p>Home Health Professional Care is the provision of services in the home by licensed health care workers, such as nurses.</p>
Home Health Specialized Care	<p>Home Health Specialized Care is the provision of services that include intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other high-tech therapies.</p>
Hospice Services	<p>Hospice Services include nursing care, counseling, physician services, and palliative therapeutics provided by a hospice program to patients in the terminal stages of illness in their home setting. Services provided through Residential Hospice Care, including room, board, nursing care, counseling, physician services, and palliative therapeutics provided to patients in the terminal stages of illness in a residential setting, including the non-acute care section of a hospital that has been designated and staffed to provide hospice services for terminal patients.</p>

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Name	Definition
Mental Health Services *	Mental Health Services are psychological and psychiatric treatment and counseling services to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.
Nutritional Counseling	Nutritional Counseling is the provision of nutrition education and/or counseling by a licensed registered dietitian outside of a primary care visit. Nutritional counseling provided by other than a licensed/registered dietitian should be recorded under Psychosocial Support Services. <i>See Food Bank/Home-Delivered Meals (page 15); Psychosocial Support Services (page 16)</i>
Oral Health Care *	Oral Health Care includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
Rehabilitation Services	Rehabilitation Services include services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.
Substance Abuse Services - Outpatient *	Substance Abuse Services-Outpatient are the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) provided in an outpatient setting rendered by a physician or under the supervision of a physician, or by other qualified personnel. <i>See Substance Abuse Services-Residential (page 12)</i>
Substance Abuse Services - Residential *	Substance Abuse Services-Residential are the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) provided in an inpatient health service setting (short-term). <i>See Substance Abuse Services-Outpatient (page 12)</i>
Treatment Adherence Services	Treatment Adherence Services provide counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments.

Support Service Categories

Service Category	Definition
Buddy / Companion Services	Buddy/Companion Services are activities provided by volunteers/peers to assist the client in performing household or personal tasks and providing mental and social support to combat the negative effects of loneliness and isolation.
Child Care Services	Child Care Services include care for the children of clients provided when clients are attending medical or other appointments, Title-related meetings, groups, or training. This does not include daycare while the client is at work. See <i>Day or Respite Care (page 14)</i>
Child Welfare Services	Child Welfare Services include family preservation/unification, foster care, parenting education, and other child welfare services. Services designed to prevent the break-up of a family and to reunite family members. Foster care assistance to place children under the age of 21 years, whose parents are unable to care for them, in temporary or permanent homes and to sponsor programs for foster families. Other services related to juvenile court proceedings, liaison to child protective services, involvement with child abuse and neglect investigations and proceedings, or actions to terminate parents' rights. Presentation or distribution of information to biological, foster, and adoptive parents, future parents, and/or caretakers of HIV-positive children about risks and complications, care-giving needs, and developmental and emotional needs of children. See <i>Permanency Planning (page 16)</i>
Case Management Services *	<p>Case Management Services are a range of client-centered services that links clients with health care, psychosocial and other services. Case management ensures timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. This also includes inpatient case management services that prevent unnecessary hospitalization, or that expedite discharge from an inpatient facility. Key activities include:</p> <ul style="list-style-type: none"> • initial assessment of service needs; • development of a comprehensive, individualized service plan; • coordination of services required to implement the plan and

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Service Category	Definition
	<p>client monitoring to assess the efficacy of the plan; and</p> <ul style="list-style-type: none"> periodic re-evaluation and adaptation of the plan as necessary over the life of the client. <p>May include client-specific advocacy and/or review of utilization of services. <i>See Client Advocacy (page 14)</i></p>
Client Advocacy	<p>Client Advocacy is the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Advocacy does not involve coordination and follow-up on medical treatments, as case management does. <i>See Case Management Services (page 13)</i></p>
Day or Respite Care	<p>Day or Respite Care is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client. <i>See Child Care Services (page 13)</i></p>
Developmental Assessment / Early Intervention Services	<p>Developmental Assessment/Early Intervention Services are the provision of professional early interventions by physicians, developmental psychologists, educators, and others in the psychosocial and intellectual development of infants and children. Involves assessment of an infant's or child's developmental status and needs in relation to the involvement with the education system, including assessment of educational early intervention services. Includes comprehensive assessment of infants and children taking into account the effects of chronic conditions associated with HIV, drug exposure, and other factors. Provision of information about access to Head Start services, appropriate educational settings for HIV-affected clients, and education/assistance to schools.</p>
Early Intervention Services	<p>Early Intervention Services for Titles I and II are a combination of services that include outreach, HIV counseling, testing, referral and provision of outpatient medical care and supportive services designed and coordinated to bring individuals with HIV disease into the local HIV continuum of care.</p>
Emergency Financial Assistance	<p>Emergency Financial Assistance is the provision of short-term payment for essential utilities and/or for medication assistance when other resources are not available. These short-term payments must be carefully tracked to assure limited amounts, limited use, and for limited periods of time. Expenditures must be identified as either utilities or medication assistance.</p>

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Service Category	Definition
	<p>Use of this service category requires that the fiscal agent develops a policy to identify what services will be provided and to ensure that their use is short-term. The policy must be submitted with the application. Additionally, subcontractors must specify utilities or medications in the invoice backup detail. See <i>Drug Reimbursement Program</i> (page 10)</p>
Food Bank / Home-Delivered Meals	<p>Food Bank/Home-Delivered Meals involves the provision of actual food, meals, or nutritional supplements. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. See <i>Nutritional Counseling</i> (page 12)</p>
Health Education / Risk Reduction	<p>Health Education/Risk Reduction is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. This includes the provision of information on medical and psychosocial support services and counseling, to help clients with HIV improve their health status.</p>
Housing Assistance	<p>Housing Assistance is limited to short-term or emergency financial assistance to support temporary and/or transitional housing to enable the individual or family to gain and/or maintain medical care. Use of CARE Act funds for short-term or emergency housing must be linked to medical and/or healthcare or be certified as essential to a client's ability to gain or maintain access to HIV-related medical care or treatment. See <i>Housing Related Services</i> (page 15)</p>
Housing Related Services	<p>Housing Related Services include assessment, search, placement, and advocacy services provided by professionals who possess an extensive knowledge of local, state and federal housing programs and how they can be accessed. See <i>Housing Assistance</i> (page 15)</p>
Legal Services	<p>Legal Services provide individuals with assistance related to powers of attorney, do-not-resuscitate orders, wills, trusts, bankruptcy proceedings, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the CARE Act. Not included are any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver. See <i>Permanency Planning</i> (page 16)</p>

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Service Category	Definition
Outreach Services	<p>Outreach Services include programs which have as their principal purpose the identification of people with HIV disease so that they may become aware of, and may be enrolled in, care and treatment services (i.e., case finding). Outreach does not include HIV counseling and testing or HIV prevention education. Outreach programs must be:</p> <ul style="list-style-type: none"> • planned and delivered in coordination with state and local HIV prevention outreach programs to avoid duplication of efforts; • targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; • conducted at times and in places where there is a high probability that HIV-infected individuals will be reached; and • designed with quantified program reporting that will accommodate local effectiveness evaluation.
Permanency Planning	<p>Permanency Planning is the provision of services to help clients or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them. <i>See Legal Services (page 15)</i></p>
Psychosocial Support Services	<p>Psychosocial Support Services are the provision of support and counseling activities, including alternative services (e.g., visualization, massage, art, music, and play), child abuse and neglect counseling, HIV support groups, pastoral care, recreational outings, caregiver support, and bereavement counseling. Includes other HIV-related services not included in mental health, substance abuse or nutritional counseling that are provided to clients, family and household members, and/or other caregivers. <i>See Mental Health Services (page 12); Nutritional Counseling (page 12); Substance Abuse Services-Residential (page 12); Substance Abuse Services-Outpatient (page 12)</i></p>
Referral for Health Care / Supportive Services	<p>Referral for Health Care/Supportive Services is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made formally from one clinical provider to another, within the case management system by professional case managers, informally through support staff, or as part of an outreach program.</p>

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Service Category	Definition
Referral to Clinical Research	Referral to Clinical Research is the provision of education about and linkages to clinical research services through academic research institutions or other research service providers. Clinical research involves studies in which new treatments – drugs, diagnostics, procedures, vaccines, and other therapies – are tested in people to see if they are safe and effective. All institutions that conduct or support biomedical research involving people must, by federal regulation, have an institutional review board (IRB) that initially approves and periodically reviews the research.
Transportation	Transportation Services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care or support services.

Required Application Documents

The documents described in this section must be submitted as part of every fiscal agent's application packet. The only exception is the Needs Assessment Detail which should only be submitted if funding for a needs assessment is being requested. Samples of these forms can be viewed on pages 18 through 32.

Those fiscal agents that are CBOs are required to submit additional documents. These documents are discussed on page 33.

Document Checklist

The Document Checklist serves as a guide to ensure that the application is complete and that the required documents are organized in the correct order. The fiscal agent must sign and date the bottom of the Document Checklist.

A sample of the Document Checklist can be found on page 23.

Intent to Provide HIV/AIDS Services

This form informs OA of a fiscal agent's intent to provide services for Fiscal Year 2006-07. The fiscal agent must sign and date the bottom of the Intent to Provide HIV/AIDS Services.

A sample of the Intent to Provide HIV/AIDS Services can be found on page 24.

Fiscal Agent Contacts

The Fiscal Agent Contacts form provides OA with contact information for:

- The fiscal agent staff member(s) responsible for daily programmatic and fiscal operations.
- The official with board authority to enter into an agreement with the State of California.

A sample of the Fiscal Agent Contacts can be found on page 25.

Fiscal Agent Organizational Chart

The application must include the fiscal agency's current organizational chart. The chart should include the names and titles of the staff members identified on the Fiscal Agent Personnel Detail. There are no format requirements for the chart.

Five-Line Item Budget

The Five-Line Item Budget provides direction to OA's Contracts and Reimbursement Unit for paying invoices. It uses four lines to document the way the fiscal agent bills its administrative reimbursement and one line to document the costs associated with client services and needs assessment. When completing the Five-Line Item Budget, please:

- Ensure that the fiscal agent's Administrative Costs (the sum of lines 1, 2, 3, and 5) do **not exceed ten percent** of the total allocation.
- Ensure that the Other Costs (line 4) equals the total of all subcontractors' budgets and any funding dedicated to needs assessment.

A sample of the Five-Line Item Budget can be found on page 26.

Budget Overview

The Budget Overview indicates how the total allocation is distributed between the fiscal agent and their subcontractor(s). When completing the Budget Overview, please:

- Enter the budgeted amounts for the fiscal agent's Administrative Costs, Needs Assessments (if any), and all subcontractors.
- If the fiscal agent is also providing direct client services, those costs must be listed as a "Subcontractor."
- Use as many lines as there are subcontractors.

A sample of the Budget Overview can be found on page 27.

Fiscal Agent Budget Summary

The Fiscal Agent Budget Summary identifies the fiscal agent and itemizes their expenses. When completing the Fiscal Agent Budget Summary, please:

- Fill out the form completely, including marking all check boxes.
- Include a physical address as well as a P.O. Box (if applicable).
- Complete the Administrative, Capital, Indirect, and Operating Expenses as instructed in the *Definitions for Fiscal Agent Documents* (page 5).
- Round all figures to the nearest whole dollar.
- Itemize any Indirect or Operating Expenses.
- Ensure that Indirect Expenses **do not exceed 15 percent** of the total Personnel Expenses.
- Ensure that the total fiscal agent budget **does not exceed ten percent** of the total allocation.

Those fiscal agents who provide direct client services must also submit a Subcontractor Budget Summary to describe the client services they provide and identify the associated costs.

A sample of the Fiscal Agent Budget Summary can be found on page 28.

Fiscal Agent Personnel Detail

The Fiscal Agent Personnel Detail identifies the personnel providing administrative services and their salaries funded with the allocation. When completing the Fiscal Agent Personnel Detail, please:

- Fill out the form completely, including marking all check boxes.
- Describe the duties of each employee receiving a salary from this allocation.
- Make sure to include details about job-required travel for any employee who must travel as part of their job.
- Round all figures to the nearest whole dollar.
- Complete **either the “Annual Salary” or “Hourly Salary”** row for each employee.
- Enter the fringe benefits, if any, for each employee.
- Use additional copies of this form if there are more than four employees.

Those fiscal agents who provide direct client services must also submit a Subcontractor Personnel Detail to identify the personnel providing direct client services and the associated costs.

A sample of the Fiscal Agent Personnel Detail can be found on page 29.

Needs Assessment Detail

Information gleaned from the needs assessment is critical for developing the SDP. SDPs for Fiscal Years 2007-10 will be due in December 2006. (Fiscal agents in EMAs will submit their Comprehensive Plans in lieu of SDPs.)

Fiscal agents are required to conduct a full needs assessment at least once every three years. Fiscal agents who have not conducted a needs assessment in the last two years should plan to do so during 2006. Fiscal agents may commit up to five percent of their total allocation to the development, implementation, and evaluation of a needs assessment.

The Needs Assessment Detail should **only** be completed by fiscal agents who plan to fund a needs assessment during Fiscal Year 2006-07. When completing the Needs Assessment Detail, please:

- Fill out the form completely, including marking all check boxes.

- Include a physical address as well as a P.O. Box (if applicable).
- Round all figures to the nearest whole dollar.
- Describe the duties of the person conducting the needs assessment.
- Make sure to include details about any travel associated with the needs assessment.
- Ensure that the total needs assessment budget **does not exceed five percent** of the total allocation.

Report the Needs Assessment costs as part of “Other Costs” on the Five-Line Item Budget and on the “Needs Assessment” line on the Budget Overview.

A sample of the Needs Assessment Detail can be found on page 30.

Subcontractor Budget Summary

The Subcontractor Budget Summary provides information regarding the estimated number of clients to be served, the costs of administrative and direct client services, and operating expenses. A Subcontractor Budget Summary is required for each service provider with which the fiscal agent subcontracts. If the fiscal agent also provides direct client services, the fiscal agent must complete a Subcontractor Budget Summary to describe the services that they are providing and the associated costs.

When completing the Subcontractor Budget Summary, please:

- Fill out the form completely, including marking all check boxes.
- Include a physical address as well as a P.O. Box (if applicable).
- Use the same names for allowable service categories when completing the “Services” section of this form (see pages 10 through 17 for the names).
- Include a copy of the policy and tracking method if funding Emergency Financial Assistance (see page 14).
- Complete the Administrative Personnel, Capital, Indirect, and Operating Expenses as instructed in the *Definitions for Subcontractor Documents* (page 7).
- Round all figures to the nearest whole dollar.
- Itemize any Indirect and Operating Expenses.

A sample of the Subcontractor Budget Summary can be found on page 31.

Subcontractor Personnel Detail

The Subcontractor Personnel Detail provides detailed information about staff involved in (1) administrative support as identified on the “Administrative Personnel” section of the

Subcontractor Budget Summary and (2) the provision of direct client services as described in the “Services” section of the Subcontractor Budget Summary.

A Subcontractor Personnel Detail is required for each service provider with which the fiscal agent subcontracts. If the fiscal agent also provides direct client services, the fiscal agent must complete a Subcontractor Personnel Detail to identify the personnel providing direct client services and the associated costs.

When completing the Subcontractor Personnel Detail, please:

- Fill out the form completely, including marking all check boxes.
- Describe the duties of each employee receiving a salary from this allocation.
- Make sure to include details about job-required travel for any employee who must travel as part of their job.
- Complete two position sections for any staff whose duties are split between administrative and direct client service.
- Use the State’s per diem reimbursement rates to estimate any travel expenses (see page 8).
- Round all figures to the nearest whole dollar.
- Complete **either the “Annual Salary” or “Hourly Salary”** row for each employee.
- Enter the fringe benefits, if any, for each employee.
- Use additional copies of this form if there are more than three employees.

A sample of the Subcontractor Personnel Detail can be found on page 32.

Document Checklist

Fiscal Agent and Contract Number

Golden County - 03-12345

Fiscal Year

2006-07

Check Off	Documents Required for All Fiscal Agents	Office of AIDS Use Only
X	Document Checklist	
X	Intent to Provide HIV/AIDS Services	
X	Fiscal Agent Contacts	
X	Fiscal Agent Organizational Chart	
X	Five-Line Item Budget	
X	Budget Overview	
X	Fiscal Agent Budget Summary	
X	Fiscal Agent Personnel Detail	
X	Needs Assessment Detail (if applicable)	
	Attach the following for each subcontractor:	
X	– Subcontractor Budget Summary(s) (including written justifications if required)	
X	– Subcontractor Personnel Detail(s)	

Check Off	Additional Documents Required for Fiscal Agents that are Community-Based Organizations	Office of AIDS Use Only
NA	Board of Directors List	
NA	Authorization to Bind Corporation (only if there are changes)	
NA	Payee Data Record (only if there are changes)	
NA	Request for Advance Payment Letter (only if requested)	
NA	– Bank Verification Letter (only if requesting Advance Payment)	
NA	– Signature Cards (only if requesting Advance Payment)	

Check Off	Additional Documents Required for Eligible Metropolitan Areas (EMAs)	Office of AIDS Use Only
NA	Title I Application for Fiscal Year 2006-07	

Certification	
<p>I certify that all documents are completed and attached as indicated. Budget documents have been reviewed for accuracy. I understand this application may be rejected due to budget errors. If rejected, I understand that the contract amendment may be delayed until corrected documents are received. I understand delayed contracts could result in delayed invoice processing.</p>	
<p><i>Jacob Williams</i></p> <p>_____ Fiscal Agent Signature</p>	<p><i>March 28, 2006</i></p> <p>_____ Date</p>

Intent to Provide HIV/AIDS Services for Fiscal Year 2006-07

Fiscal Agent and Contract Number

Golden County - 03-12345

Fiscal Agent Information		
Contact Person	E-Mail Address	Telephone Number
Jacob Williams	jwilliams@co.golden.ca.us	916-555-6761

Certification	
<p>Our county/community-based organization intends to authorize services and funding for services for individuals with HIV disease in compliance with the Ryan White CARE Act (RWCA) guidelines. It is understood that the State of California, Office of AIDS (OA) may require additional information or program requirements.</p> <p>I certify that:</p> <ul style="list-style-type: none">• This agency is the fiscal agent for a currently funded consortia or direct services contract.• The agency accepts the roles and responsibilities outlined in the consortia or direct services contract.• Advisory and planning groups will include the organizations and individuals identified in the RWCA legislation.• We based our service priorities on information gathered through: the needs assessment process, existing continuum of care, existing barriers, and current epidemiology.• Only those services that are described under "Service Categories" will be funded and will meet the Health Resources and Services Administration's (HRSA) requirements that all services support the individual's ability to access and maintain primary medical services. (See Care Services Program Application Guidelines for Fiscal Year 2006-07, pages 9-17)• Fiscal documents will be submitted when due date is announced by OA. <div><div><i>Jacob Williams</i></div><div><i>March 28, 2006</i></div></div>	
Fiscal Agent Signature	Date

Fiscal Agent Contacts

Fiscal Agent and Contract Number

Golden County - 03-12345

Fiscal Year

2006-07

Agency Information	
Website Address (if any)	Federal Taxpayer Identification Number
www.co.golden.ca.us	12-1234567

Program Contact	
The Program Contact is the primary fiscal agent staff member responsible for program planning, policy matters, progress reports, and contract monitoring, etc.	
First and Last Name	Title
Jacob Williams	Program Coordinator
Mailing Address	Telephone Number
2020 Oak Avenue, Redwood Grove, CA 98765	916-555-6767
E-Mail Address	Fax Number
jwilliams@co.golden.ca.us	916-555-1625

Invoicing Contact	
The Invoicing Contact is the primary fiscal agent staff member responsible for invoicing, budgets revisions, etc. If this person is the same as the Program Contact enter "Same as above" in the First and Last Name box below.	
First and Last Name	Title
Jessica Martin	Accountant
Mailing Address	Telephone Number
2020 Oak Avenue, Redwood Grove, CA 98765	916-555-1237
E-Mail Address	Fax Number
jmartin@co.golden.ca.us	916-555-1600

Contract Signatory	
The Contract Signatory is the individual with board authority to enter into a contract with the State of California. In most cases, this will be the Chair of the County Board of Supervisors.	
First and Last Name	Title
Ramona Ramirez	Chair
Organization Name	Telephone Number
Golden County Board of Supervisors	916-555-7573
Address	Fax Number
987 Civic Circle, Redwood Grove, CA 98765	916-555-3333

Five-Line Item Budget

Fiscal Agent and Contract Number

Golden County - 03-12345

Fiscal Year

2006-07

Budget Categories		Amount Budgeted
1	Personnel Expenses	\$9,360
2	Operating Expenses	\$401
3	Capital Expenses	\$0
4	Other Costs	\$107,470
5	Indirect Expenses	\$900
Total Budget		\$118,131

Budget Overview

Fiscal Agent and Contract Number

Fiscal Year

Golden County - 03-12345

2006-07

Costs		Amount
Fiscal Agent Administrative Costs		\$10,661
Needs Assessment (if applicable)		\$2,950
Subcontractors (enter individual subcontractors on separate lines below)		
Helping Hands, Inc.		\$104,520
Total Budget		\$118,131

Fiscal Agent Budget Summary

Fiscal Agent and Contract Number

Golden County - 03-12345

Fiscal Year

2006-07

Fiscal Agent Information	
Contact Person	Title
Jacob Williams	Program Coordinator
Mailing Address (Include street address if using P.O. Box)	Telephone Number
2020 Oak Avenue, Redwood Grove, CA 98765	916-555-6767
E-Mail Address	Fax Number
jwilliams@co.golden.ca.us	916-555-1625
Do members of minority racial/ethnic groups constitute a majority of board members and/or a majority of staff (volunteer or paid) providing care? (Check one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ownership Status (Check One) <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> Public/Local</div> <div><input type="checkbox"/> Public/State</div> <div><input type="checkbox"/> Public/Federal</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Private/Non-Profit</div> <div><input type="checkbox"/> Private/For Profit</div> <div><input type="checkbox"/> Incorporated</div> </div>

Expenses Category	Description	Budgeted Amount
Indirect	Facilities Management (janitorial service, electricity, phone) (\$75 per month)	\$900
Total Indirect		\$900
Operating	Travel (.34 per mile x 650 miles)	\$221
	Office Supplies (\$15 per month x 12 months)	\$180
Total Operating		\$401
Capital		
Total Capital		\$0
Personnel		Total Administrative Personnel
		\$9,360
		Total Fiscal Agent Budget
		\$10,661

Fiscal Agent Personnel Detail

Fiscal Agent and Contract Number

Golden County - 03-12345

Fiscal Year

2006-07

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	
Program Coordinator	Jacob Williams		
Describe Duties (include purpose and destination of any job-related travel) The Program Coordinator monitors the processing of information and data collection for the State Office of AIDS, prepares monthly invoices, compiles mid-year and year end reports, monitors the implementation and quality of services provided by the subcontractor. Travel is for attending state-required meeting.	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	\$31,200	25%	\$7,800
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	Is travel required?		Benefits
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$1,560

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	Is travel required?		Benefits
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	Is travel required?		Benefits
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	Is travel required?		Benefits
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Total Personnel Expenses (this page)

\$9,360

Needs Assessment Detail

Fiscal Agent and Contract Number

Golden County - 03-12345

Fiscal Year

2006-07

Subcontractor Information	
Subcontractor Name	Ownership Status (Check One)
Evaluation Management Solutions	<input type="checkbox"/> Public/Local <input type="checkbox"/> Public/State <input type="checkbox"/> Public/Federal <input checked="" type="checkbox"/> Private/Non-Profit <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Incorporated
Contact Person	Title
Michael Tucker	Evaluator
Mailing Address (Include street address if using P.O. Box)	Telephone Number
13 Main Street, Pacific Coast, CA 91212	415-233-2323
E-Mail Address	Fax Number
michael@ems.org	415-233-2888

Expenses Category	Description	Budgeted Amount
Indirect		
	Total Indirect	\$0
Operating	Postage (.39 per letter x 200 letters)	\$78
	Photocopying	\$138
	Travel (.34 per mile x 100 miles)	\$34
	Total Operating	\$250
Personnel		\$2,250
Fringe Benefit		\$450
Total Needs Assessment Budget		\$2,950

Needs Assessment Personnel	
Position Title	Staff Member's First and Last Name
Evaluator	Michael Tucker
Describe Duties (include purpose and destination of any job-related travel)	Contract Start Date
The Evaluator coordinates the Needs Assessment by collecting and analyzing epidemiological data to describe the local HIV epidemic; conducting a consumer survey to gauge clients' satisfaction with current services and to identify areas of unmet need; conducting key informant interviews with health care providers, housing specialists, and social service providers; facilitating a forum to prioritize community needs; and summarizing the Needs Assessment findings in a written report. Travel is required to attend the consumer forum and conduct the key informant interviews.	May 1, 2006
	Salary paid by this contract
	\$2,250
	Is travel required?
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Subcontractor Budget Summary

Fiscal Agent and Contract Number

Golden County - 03-12345

Fiscal Year

2006-07

Subcontractor Information	
Subcontractor Name	Bid Status (Check One)
Helping Hands, Inc.	<input type="checkbox"/> Sole Source (Attach Justification) <input checked="" type="checkbox"/> Competitive Bid
Contact Person	Title
Janice Doe	Executive Director
Mailing Address (Include street address if using P.O. Box)	Telephone Number
P.O. Box 121, 1515 Main Street, Redwood Grove, CA 98765	916-321-4567
E-Mail Address	Fax Number
janicedoe@helpinghands.com	916-321-1234
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (Check one) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
Ownership Status (Check One) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Public/Local <input type="checkbox"/> Public/State <input type="checkbox"/> Public/Federal </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input checked="" type="checkbox"/> Private/Non-Profit <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Incorporated </div>	

Expenses Category	Description	Estimated Clients Served	Budgeted Amount
Services	Case Management Services	75	\$38,057
	Client Advocacy	90	\$27,238
	Food Bank	60	\$10,439
	Transportation	45	\$9,000
Total Services:			\$84,734
Indirect	Rent (50% of \$12,000 annual rent)		\$6,000
Total Indirect:			\$6,000
Operating	Telephone and Fax (\$55 per month x 12 months)		\$660
	Office Supplies (\$20 per month x 12 months)		\$240
Total Operating:			\$900
Capital			
Total Capital:			\$0
Administrative Personnel		Total Administrative Personnel:	\$12,886
Total Subcontractor Budget:			\$104,520

Subcontractor Personnel Detail

Fiscal Agent and Contract Number

Fiscal Year

Golden County - 03-12345

2006-07

Subcontractor Information	
Subcontractor Name	Contact Name and Title
Helping Hands, Inc.	Janice Doe, Executive Director
Mailing Address	Telephone Number
P.O. Box 121, 1515 Main Street, Redwood Grove, CA 98765	916-321-4567
E-Mail Address	Fax Number
janicedoe@helpinghands.com	916-321-1234

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Case Manager	Brian Jones		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel) The Case Manager oversees case management services for PLWH and facilitates case management team meetings. The Case Manager conducts client assessments, develops care plans, and supervises and evaluates the implementation of care plans, coordinates and follows up on clients' medical treatment. The Case Manager supervises oversight to the Client Advocate. Travel is required for home visits and meetings with community agencies throughout the county.	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	\$15	2,000	\$30,000
	Is travel required?	Estimated Travel Expense	Benefits
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$884	\$7,173

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Client Advocate		April 1, 2006	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel) The Client Advocate assists the Case Manager in the implementation of a care plan for each PLWH in obtaining medical, social, community, legal, and financial services in a timely manner. The Client Advocate assists clients with Medi-Cal and Social Security applications and appeals, and immigration and medical insurance issues. Travel is required for home visits.	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	\$14	1,560	\$21,840
	Is travel required?	Estimated Travel Expense	Benefits
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$176	\$5,222

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Secretary	Susan Jones		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel) The Secretary greets clients when they arrive, collects and maintains client files, inputs client service data into CAREWare, answers telephone calls, and provides general administrative support to the Case Manager and the Client Advocate.	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	Hourly Salary	Estimated hours performing these duties	Salary paid by this contract
	\$10	1,040	\$10,400
	Is travel required?	Estimated Travel Expense	Benefits
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$2,486

Total Personnel Expenses (this page)

\$78,181

Additional Documents for Community-Based Organizations

Those fiscal agents that are CBOs may be required to submit all or some of the documents described in this section.

Board of Directors List

CBOs acting as fiscal agent must provide a list of their Board of Directors. The list should include the name, title, address, and phone number for each board member. There are no format requirements for the list.

Authorization to Bind Corporation Letter

CBOs acting as fiscal agents must submit an Authorization to Bind Corporation Letter when:

- The agency has changed its name,
- There is a change in the authorization to sign monthly invoices, or
- There is a new Board Chairperson.

Do not submit new letters for bank accounts established in previous applications.

Authorization to Bind Corporation Letters must be written on the agency's letterhead and contain the following language:

The Board of Directors of the [Corporation Name] in a duly executed meeting held [Date] and where a quorum was present resolved to authorize [Name and Title] to sign and negotiate the Care Services Program Allocation and any contract that may result. In addition, we authorize the following person(s) to sign monthly invoices: [Names and Titles as appropriate].

The undersigned hereby affirms that the statements contained in this application are true and complete to the best of the applicant's knowledge and accepts as a condition of Contract/Allocation Award, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognized that this is a public document and open to public inspections.

[Typed Name of Board Chairperson, Signature, and Date]

Payee Data Record (STD 204)

The Payee Data Record provides tax information to the State. A new Payee Data Record must be submitted when there have been changes to the:

- Fiscal agent
- Business name
- Entity type
- Taxpayer ID number
- Residency state
- Authorized vendor representative

If these items have not changed since last year, **do not submit** a new Payee Data Record.

A Microsoft Word version of the Payee Data Record can be obtained online at www.dhs.ca.gov/aids/programs/care/attachments/std204.doc. **When completing the Payee Data Record, be sure to include all the information for Box 6 as it appears on the sample on page 35.**

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, state, and local (including school districts), are not required to submit this form.												
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) Helping Hands, Inc.												
	SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) Doe, Janice, A.	E-MAIL ADDRESS janicedoe@helpinghands.com											
	MAILING ADDRESS 1515 Main Street	BUSINESS ADDRESS P.O. Box 121											
	CITY, STATE, ZIP CODE Redwood Grove, CA 98765	CITY, STATE, ZIP CODE Redwood Grove, CA 98765											
3	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>2</td><td>—</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>		1	2	—	3	4	5	6	7	8	9	NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
1	2	—	3	4	5	6	7	8	9				
PAYEE ENTITY TYPE CHECK ONE BOX ONLY	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </div> <div> CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input checked="" type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS </div> </div>												
<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td></td><td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td> </tr> </table> <p style="text-align: center; font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>					—			—					
			—			—							
4	<div style="display: flex; align-items: flex-start;"> <div style="width: 30px; text-align: center;"> PAYEE RESIDENCY TYPE </div> <div> <input checked="" type="checkbox"/> California resident—qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding. <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached. </div> </div> </div>												
5	<p style="text-align: center;">I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Janice A. Doe</td> <td colspan="2">TITLE Executive Director</td> </tr> <tr> <td>SIGNATURE</td> <td>DATE March 1, 2006</td> <td>TELEPHONE (916) 321-4567</td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Janice A. Doe	TITLE Executive Director		SIGNATURE	DATE March 1, 2006	TELEPHONE (916) 321-4567				
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Janice A. Doe	TITLE Executive Director												
SIGNATURE	DATE March 1, 2006	TELEPHONE (916) 321-4567											
6	<p>Please return completed form to:</p> <p>Department/Office: Department of Health Services, Office of AIDS</p> <p>Unit/Section: Care Services Program, Attention: [Enter your CSP Advisor's Name here]</p> <p>Mailing Address: MS 7700, P.O. Box 997426</p> <p>City/State/ZIP: Sacramento, CA 95899-7426</p> <p>Telephone: (916) 449-5955 FAX: (916) 449-5959</p> <p>E-Mail Address: [Enter your CSP Advisor's E-Mail Address here]</p>												

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (Page 2)

1	<p>Requirement to Complete Payee Data Record, STD. 204</p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>						
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>						
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>						
4	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address: wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website: www.ftb.ca.gov</td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: wscs.gen@ftb.ca.gov	For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov
Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: wscs.gen@ftb.ca.gov					
For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov					
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>						
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>						

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.

All questions should be referred to the requesting State agency listed on the bottom front of this form.

Request for Advance Payment Letter

CBOs acting as fiscal agents with a state contract executed before April 1, 2005, may request advance payments of up to 25 percent. Fiscal agents with:

- Contracts of \$200,000 or less may receive either one or two advances.
- Contracts over \$200,000 may receive only one advance.

Those fiscal agents receiving one advance payment may receive an advance for up to 25 percent liquidated beginning the months after the annual State Budget Act passes and completed by March.

Those fiscal agents receiving two advance payments may receive one advance for up to eight percent liquidated with the May and June invoices, and one for up to 17 percent liquidated beginning the month after the annual State Budget Act passes and completed by March.

To request an advance payment, write a request on agency letterhead with the following information:

- Contract number
- Contractor name(s)
- County name(s)
- Number of advance (one or two)
- Bank account number
- Name and address of bank

Include the Request for Advance Payment Letter with the application packet.

Bank Verification Letter

Bank Verification Letters provide information to OA about the financial institution, fund withdrawal procedures, and provide assurances to OA that funds will be withheld upon our notification.

Bank Verification Letters are **only required** for CBOs acting as fiscal agents that are requesting advance payment and have changed banks in the last year.

Do not submit new letters for bank accounts established in previous applications.

Bank Verification Letters must be written on the bank's letterhead and contain the following language:

Reference: [Contract Number]
[Bank Account Number]

[Name of Bank] is an existing member of the Federal Deposit Insurance Corporation (FDIC). We are aware that the above referenced account is of a special nature emanating from an agreement between the California Department of Health Services (CDHS) and [Fiscal Agent's Full Legal Name]. The special nature of the above referenced account is as follows:

- 1. The above referenced account is intended only to receive and disburse moneys advanced by CDHS to [Fiscal Agent's Full Legal Name] for the contract period ending March 31, 2007.*
- 2. [Fiscal Agent's Full Legal Name] shall make withdrawals only by check.*
- 3. [Name of Bank] is aware of the default provisions in the agreement between the CDHS and [Fiscal Agent's Full Legal Name], and herewith gives its assurances that those provisions are understood, particularly in regard to the bank's responsibilities there under, and specifically upon the happening of any event of default:*
 - To withhold further withdrawals from the account by [Fiscal Agent's Full Legal Name] upon written notification from CDHS; and*
 - To allow CDHS to withdraw all or any part of the balance in the above referenced account by check payable to the "California Department of Health Services," upon notice from CDHS, that such a check should be issued.*

Signature Cards

Signature Cards identify who can withdraw funds from the CSP account. The fiscal agent and the OA Chief sign the Signature Card. This countersigning allows OA to remove funds as necessary in cases of emergency.

Signature Cards are only required for CBOs acting as fiscal agents that are requesting advance payment and that:

- Do not already have Signature Cards on file,
- Have changed banks in the last year,
- Have changed fiscal agent signatories in the last year, or
- When the OA Chief has changed (OA will notify the fiscal agent when this happens).

The bank will provide the fiscal agent with Signature Cards. The fiscal agent must complete the cards as required by the bank and then send the cards to OA for signature. OA will return the signed original cards to the bank.

Additional Documents for Eligible Metropolitan Areas

In addition to the aforementioned documents, fiscal agents in Eligible Metropolitan Areas (EMAs) should include one copy of their Title I Application for Fiscal Year 2006-07 with their CSP applications.

Care Services Program Advisors Assignments

Karl Halfman 916-449-5966 khalfman@dhs.ca.gov	Estella Kile 916-449-5946 ekile@dhs.ca.gov	Angie Ogaz 916-449-5960 aogaz@dhs.ca.gov
Alameda County Mendocino Community Health Clinic Mendocino County Napa County Plumas County San Francisco EMA San Luis Obispo County Santa Barbara County Solano County Sonoma EMA Ventura County	Humboldt/Del Norte Counties Kern County Los Angeles EMA Monterey County Nevada County Orange County EMA San Benito County San Bernardino/Riverside EMA Santa Clara EMA Santa Cruz County Sierra Health Resources	Caring Choices Doctors Medical Center Fresno County Imperial County Inyo County John C. Freemont Hospital Kings County Madera County Merced County Mono County Sacramento EMA San Diego EMA San Joaquin County Tehama County Tulare County United Way of Butte and Glenn